

**EAP NOTIFICATIONS TEST FORM (Use of this form is optional, you may alternately summarize the results in a note to the Dam Bureau)**

I conducted a test of the EAP for \_\_\_\_\_ dam, in  
\_\_\_\_\_, New Hampshire on \_\_\_\_\_.

Check the box that applies:

\_\_\_\_\_ All contacts were made in accordance with the most recent flowchart.  
\_\_\_\_\_ Some contacts were not made, but all participants are aware of their role in the plan and have a copy of the EAP.  
\_\_\_\_\_ Other  
(Comments) \_\_\_\_\_

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**Attach copies of any notification checklists received from participants.**

Signed: \_\_\_\_\_

Return to: EAP Coordinator, NH Dept of Environmental Services, Dam Bureau  
PO Box 95  
Concord, NH 03301-0095